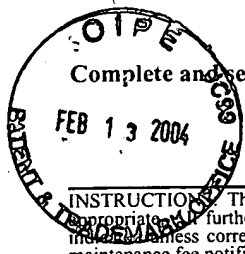


2-17-04

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PAPER 3 - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

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7590 11/17/2003

John C. Stringham  
WORKMAN NYDEGGER & SEELEY  
1000 EAGLE GATE TOWER  
60 EAST SOUTH TEMPLE  
SALT LAKE CITY, UT 84111

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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/826,258	04/03/2001	P. Timothy Moore	14856.5.2.	2703

TITLE OF INVENTION: CLEANING BRUSH FOR MEDICAL DEVICES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$300	\$965	02/17/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
SPISICH, MARK	1744	015-104200

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  1 <u>WORKMAN NYDEGGER</u> 2 _____ 3 _____
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PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.  
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)

NeoSci Medical, Inc., 1192 East Draper, Suite 442, Draper, Utah 84020

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed: <input checked="" type="checkbox"/> Issue Fee <input checked="" type="checkbox"/> Publication Fee <input checked="" type="checkbox"/> Advance Order - # of Copies <u>15</u>	4b. Payment of Fee(s): <input type="checkbox"/> A check in the amount of the fee(s) is enclosed. <input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number <u>23-3178</u> (enclose an extra copy of this form).
---	---

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature) John C. Stringham (Date) Feb. 13 2004

02/25/2004 AHONDAF2 00000001 09826258

01 FC:2501	665.00 OP
02 FC:1504	300.00 OP
03 FC:8001	45.00 OP

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TRANSMIT THIS FORM WITH FEE(S)

**CERTIFICATE OF MAILING BY "EXPRESS MAIL" (37 CFR 1.10)**

Applicant(s): P. Timothy Moore and Matthew S. Longson

Docket No.

14856.5.2

Serial No.

09826,258

Filing Date

April 3, 2001

Examiner

Spisich, Mark

Group Art Unit

1744

Invention: **CLEANING BRUSH FOR MEDICAL DEVICES**

I hereby certify that the following correspondence:

Issue Fee Transmittal (1 page); PTO Credit Card Payment Form in the amount of \$1,010.00 (1 page); Certificate of Mailing by Express Mail No. EV 322099075 US (1 page); Part B - Fee(s) Transmittal in duplicate (2 pages); postcard

*(Identify type of correspondence)*

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February 13, 2004*(Date)*John C. Stringham*(Typed or Printed Name of Person Mailing Correspondence)*  
*(Signature of Person Mailing Correspondence)*EV 322099075 US*("Express Mail" Mailing Label Number)***Note: Each paper must have its own certificate of mailing.**

**TRANSMITTAL OF PAYMENT OF ISSUE FEE (Small Entity)**  
**(37 C.F.R. 1.311)**

Docket No.  
14856.5.2

Applicant(s) **P. Timothy Morre, Englewood, Colorado and Matthew S. Longson, Holladay, Utah**

Serial No.  
09/826,258

Filing Date  
April 3, 2001

Examiner  
Spisich, Mark

Group Art Unit  
1744

Confirmation No.  
2703

Invention: **CLEANING BRUSH FOR MEDICAL DEVICES**

**Mail Stop Issue Fee**  
**TO THE COMMISSIONER FOR PATENTS**  
**P.O. Box 1450**  
**Alexandria, VA 22313-1450**

Transmitted herewith are the following for the above-identified application.

☒ Issue Fee Transmittal Form PTOL-85

☒ Utility Fee: \$ 665.00      ☐ Design Fee: \_\_\_\_\_      ☐ Plant Fee: \_\_\_\_\_

☒ Publication Fee: \$ 300.00

**A Verified Small Entity Statement**

☐ Is Attached.

☒ Was Filed On: April 3, 2001  
Date

☐ A check in the amount of \_\_\_\_\_ is attached.

☒ The Director is hereby authorized to charge and credit Deposit Account No. 23-3178  
as described below.

☐ Charge the amount of \_\_\_\_\_

☒ Credit any overpayment.

☒ Charge any additional fee required.

Dated: February 13, 2004

*Signature*

**John C. Stringham, Reg. No. 40,831**  
**WORKMAN NYDEGGER**  
**1000 Eagle Gate Tower**  
**60 East South Temple Street**  
**Salt Lake City, Utah 84111**  
**Telephone: (801) 533-9800**  
**Facsimile: (801) 328-1707**

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